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ABSTRACT

Three New Hampshire communities (Keene, Lebanon, and Portsmouth) were sponsors of model demonstration adolescent parenting programs funded by the Comprehensive Children and Youth Project (CCYP) during the first nine months of 1981. In each community, one agency, in collaboration with other providers, implemented a program designed to meet the needs of a population of teenage parents. Chapter 1 of this project evaluation provides a brief overview of each of the three programs and describes the parents who participated. Chapter 2 summarizes the impact of the adolescent parenting project on two areas: the adolescent participants and the three community service systems involved. A short list of recommendations is discussed in Chapter 3, intended to be a starting point for discussion of future plans for adolescent parenting education programs and policy. Evaluation instruments, as well as interim and final report formats, are appended. (Author/RH)

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Evaluation of Three New Hampshire Adolescent Parenting Model Projects

January, 1982

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This report was completed by RMC Research Corporation under contract to the Comprehensive Children and Youth Project. Elizabeth J. Hutchins-Hewlett is the author and principal investigator. Suzanne S. Federer is the Contract Project Officer.

Background

Three New Hampshire communities, Keene, Lebanon, and Portsmouth, were sponsors of model adolescent parenting programs that were funded by the Comprehensive Children and Youth Project (CCYP) during the first nine months of 1981. One community agency, in collaboration with other providers, provided a program that was designed to meet the parenting needs of their population of teen parents. These projects were funded as model-demonstration programs with the intent that, if effective, the models would be attractive to other New Hampshire communities who have teen parents in need of parenting support.

This document is the final report of the evaluation of the three CCYP-funded projects. Evaluation data summarized in this report was collected during the funding period of the model projects, March to September 30, 1981.

Evaluation Design

The Adolescent Parenting Projects Evaluation is a study of the extent to which each project met selected program goals. The evaluation is objective-based because it measures impacts and results in several program objective areas that were key to the success and performance of the program.

Five of the fourteen objectives set forth in the original CCYP request for proposal are the focus of this evaluation. The five were selected as key to the project and represent an index of performance for the projects. Although other project objectives are important and essential to the intent of the projects, projects were directly evaluated in only five key areas of performance.

Table 1

Evaluation Design

Adolescent Parent Education Projects

Project Objectives To Be Evaluated	Evaluation Questions	Data Sources	Administration and Data Collection
1. To make community services and support accessible to teenage parents through agency linkages.	1. To what extent do program participants have knowledge of community services, resources and support systems?	Pre-post questionnaire to participants (Developed by Keene project-revised by Portsmouth and Lebanon projects)	Administered by staff at 1st or 2nd and final class session to all participants in each class series.
2. To enhance interagency coordination of existing resources and services to promote continuity and comprehensiveness of services.	2. To what extent do existing community agencies share resources for this program?	Phone survey to community agencies during September, 1981. (Phone Survey Protocol)	Conducted by evaluator to a sample of community agencies chosen from a list submitted by project staff.
3. To increase the knowledge of other service providers of the specific problems of teenage parents.	3. To what extent do other community service providers know the needs of teen parents?	Phone survey to community agencies during September, 1981. (Phone Survey Protocol)	Conducted by evaluator to a sample of community agencies chosen from a list submitted by project staff.
4. To demonstrate effectiveness on cognitive, affective, and behavioral development of adolescent parents enrolled.	4. To what extent do participants show self-growth?	Pre-post measure to participants (Abbreviated Nowicki-Strickland Locus of Control, "What Do You Think?")	Administered by staff at 1st or 2nd and final class session to all participants in each class series.
5. To consider more than one model or formula of parenting.	5a. To what extent do participants change in their knowledge of child growth and development? 5b. To what extent do participants change in their attitudes about parenting?	Pre-post measure to participants (Selected Items from Maternal Attitude Scale, "Questionnaire for Mothers")	Administered by staff at 1st or 2nd and final class session to all participants in each class series.

(2)

Table 1 depicts the overall evaluation plan. Beginning at the left, the first column states the five program goals that were the focus of the evaluation. The second column lists the evaluation question(s) that were asked for each objective. (Evaluation questions are re-statements of each of the objectives in measurable and quantifiable formats.) The third column states the instrument that provided necessary data for answering each evaluation question. Four instruments were used: a participant "community resource" questionnaire (Objective 1), a phone survey protocol (Objectives 2 and 3), and two measures of teen parents' attitudes and perceptions (Objectives 4, 5a, and 5b). The final right-hand column details the data collection and administration methods that were employed.

When feasible, previously developed objective measures were employed in this evaluation. Many instruments that measure skills and attitudes similar to those in the goals of the CCYP adolescent parenting projects are available from publishers, researchers, and public test collections. These were reviewed and where appropriate, validated objective measures were selected to evaluate project objectives. The following is a brief description of each evaluation instrument. (See the Appendix for copies of all data collection materials used in the study.)

1. Community Resources Questionnaire. This questionnaire is a set of 10 statements that describe community resources available for teen parents. Respondents are teens enrolled in the parenting program. Each respondent is asked to complete the questionnaire by reading the statement and selecting one descriptor from a selection of several descriptors to best describe the agency that is appropriate for that item. The instrument was developed by the Keene project staff and revised for use in other communities.

2. Phone Survey Protocol. This survey is a set of open-ended questions for the staff of agencies other than the lead agency for each local project. The survey responses will be noted by the evaluator for later summary in a narrative section of the evaluator's final report. The phone survey will be conducted by the evaluator or CCYP staff during the final month of the project.

3. What Do You Tnink? This self-report questionnaire is a validated attitude measure, "The Nowicki-Strickland Locus of Control" scale, abbreviated version for Grades 7 - 12.** Respondents are teens enrolled in the parenting program. Each respondent is asked to complete the questionnaire by reading the statement and selecting yes or no to reflect their agreement/disagreement with each statement. RMC slightly revised the format of the scale and re-named the measure for use in this evaluation.

4. Questionnaire for Mothers. This self-report questionnaire is a set of 25 statements related to child growth and development, knowledge and parenting attitudes. Respondents are teens enrolled in the parenting program. Each respondent is asked to complete the questionnaire by reading the statement and selecting 1 of 4 descriptors to best describe their feelings about each statement. The instrument is a set of statements selected by RMC from a 233-item Maternal Attitude scale developed and validated by Bertram Cohler.*

Several limitations of this evaluation should be pointed out. First, complete data sets for all program participants are not available. (This is further discussed in Chapter II: Program Impacts.) Secondly, due to small numbers of program participants, only descriptive statistics are used in summarizing the evaluation data. However, trends and patterns can be seen throughout the evaluation and recommendations can be made. (See Chapter III:) Third, this evaluation was designed to look at processes in addition to program impacts. Formative and summative information is combined to appraise how the projects operated as well as some of the project's impacts on the target group.

*B. Cohler, Maternal Attitude Scale, Princeton, NJ: ETS Test Collection, 1976.

**S. Nowicki and B.R. Strickland, "A Locus of Control Scale for Children," Journal of Consulting and Clinical Psychology, 1973, 40, 148-154.

Chapter I

The Projects and Their Participants

This chapter provides a brief overview of each of the three adolescent parenting projects and describes the parents who participated in each project. (Further description of each project is available in final reports submitted to CCYP by each project at the termination of funding, September 30, 1981.)

The Three Projects

Each of the three parenting projects addressed the need of teenage parents to develop parenting skills while continuing to grow and develop as adolescents. All three projects shared the following goals:

- --to make community services and support accessible to teenage parents through agency links
- --to enhance interagency coordination of existing resources and services to promote continuity and comprehensiveness of services
- --to increase the knowledge of other service providers of the specific problems of teen parents
- --to demonstrate effectiveness on cognitive, affective, and behavioral development of adolescent parents enrolled
- --to consider (with participants) more than one model or formula of parenting

Given these similar goals, three unique projects were developed. Three types of community agencies sponsored the projects:

Keene - Monadnock Family and Mental Health Service
331 Main Street
Keene, NH 03431

Lebanon - Alice Peck Day Hospital
Community Health Department
125 Mascoma Street
Lebanon, NH 03766

Portsmouth - Portsmouth Community Health Services
Junkins Avenue
Portsmouth, NH 03801

Table 2 depicts the key features of the projects, whether or not each community utilized that particular aspect of the project, and how the features differed across projects. The three projects were similar in there use of many of the same program strategies and resources. Similarity was found across the three in:

- use of community advisory boards
- use of donated services
- use of a project manager, nutritionist, child development educator, and family planner
- provision of transportation for participants
- provision of child care while meetings were in session
- formation of referral networks
- use of brochures and posters for outreach and public awareness

Some of the differences across the projects were found in the following areas.

Donated Services. Although all projects utilized "in-kind" contributions and volunteers, the kind and extent of donations varied. However, all projects reported that donated efforts were critical.

Lead Agency. It is particularly interesting to note the differences in the type of agency that sponsored each project. Many of the same

Table 2
Key Adolescent Parenting Program Features

Program Features	Keene	Lebanon	Portsmouth
1. Community Advisory Board	X	X	X
2. Donated Services			
Staff (e.g., Instructors)	X	X	X
Space	X	X	X
Materials/Media	X	X	
Transportation		X	X
Food	X	X	
Child Care			X
3. Lead Agency	Mental Health	Hospital	Community Health/VNA
4. Staff Participants			
Project Manager	X	X	X
Outreach Worker	X		
Group Leaders		X	
Specialists			
RN		X	X
Nutrition	X	X	X
Education/Child Development	X	X	X
Parenting		X	
Librarian		X	X
Social Worker	X		
Family Planning	X	X	X
Physician			X
Phys. Therapist			X
5. Class Schedule	10 sessions/ 10 weeks	16 sessions/ 16 weeks	7 sessions/ 7 weeks
6. Meeting Place	Cheshire Voc. Ct./ Child Care	Hospital	Community Health Vacility
7. Transportation	Yes	Limited	Yes
8. Child Care	In class by mothers	At meeting place	At meeting place
9. Referral Network	Yes	Yes	Yes
10. Home Visits	Yes	No	Yes
11. Field Trips/Community Visits			
Swim Club		X	
Child Care Center	X		
Rehab. Center			X
Library			X
12. Press /Media Coverage		X	X
13. Brochures and Posters	X	X	X
14. Total Number of Participants	21	15	31*

*9 Participants were over age 20, 7 mothers and 2 fathers

type of agencies participated on each project's advisory committee although there were differences across communities in sponsorship. That is, the service network for adolescent parents is much the same from one community to the next.

Staff Participants. Programs varied considerably in their staffing approach. For example, Keene used a full-time outreach social worker to contact parents, run sessions, make home visits, and provide transportation. Portsmouth hired a half-time RN to carry out similar responsibilities (with the exception of transportation). Lebanon used a variety of "group leaders" who assisted a one-quarter time social worker and administrative staff planner in organizing the project. Guest speakers and specialists also varied by community.

Class Schedules ranged from seven to sixteen weeks in duration. All projects had once a week meetings. All projects found that holding classes in the summer was difficult for everyone, including parents, staff, and volunteers. After experiencing some difficulty, two projects cancelled summer sessions.

Meeting Place. The location of the weekly meetings varied by community. All of the projects generally felt that their choice of meeting locations was satisfactory for both mothers and babies.

Transportation. Each project treated this critical feature slightly differently. Portsmouth initially provided transportation only "upon request" but soon found that few parents asked and even fewer attended without it. This arrangement changed when two volunteers offered and provided transportation to many of the parents and their babies. The Lebanon group never organized a transportation service that worked well

and have made plans to "aggressively" offer transportation during the next set of classes. The Keene staff started their project under the assumption that this factor was perhaps the most critical one to reaching their participants. Car pools, volunteer drivers, and on occassion, the mental health center van were used at every class meeting.

Home Visits were provided in Keene and Portsmouth. The Keene Outreach Worker made an initial "intake" visit then followed up with more visits during the class series. The R.N. at the Portsmouth project (also the area's visiting nurse) made at least one home visit to all class participants shortly after the delivery of their baby.

Field Trips and Community Visits were rarely used by the three projects.

Press and Media Coverage was used by two projects in an attempt to reach teen parents and potential referring agencies or individuals. In retrospect, Keene staff regretted not also utilizing the local press and radio "talk shows" to publicize the program.

Finally, the total number of participants served over the duration of funding varied from 15 in Lebanon to 31 in Portsmouth. Class size and attendance fluctuated greatly across projects, within projects, and from one week to the next. The total number of participants reflects the number of parents who attended at least one class session.

The Participants

Table 3

Total Parents Served

	Number Served	Age Range	Average Age
Portsmouth	25	15-26 yrs.	19.9 yrs.
Keene	18	16-27 yrs.	20.1 yrs.
Lebanon	10	14-20 yrs.	17.5 yrs.
	53	14-27 yrs.	19.5 yrs.

Table 4

Babies of Parents Served

	BABIES AGE RANGE	BABIES AVERAGE AGE
Portsmouth	0-104 wks.	23.8 wks.
Keene	2-104 wks.	39 wks.
Lebanon	6- 40 wks.	20.4 wks.
	0-104 wks.	28.3 wks.

Tables 3 and 4 depict the full range of participants served in the three model projects. Keene and Portsmouth served several participants who were not adolescents (i.e., under age 20). The participants babies ranged from neonates to two years old on enrollment in the program. The babies average age was under ten months in all programs.

Table 5

Adolescent Parents Served

	Number Served	Age Range	Average Age
Portsmouth	16	15-20 yrs.	18.3 yrs.
Keene	12	16-20 yrs.	18.1 yrs.
Lebanon	10	14-20 yrs.	17.5 yrs.
	38	14-20 yrs.	18 yrs.

Table 6

Babies of Adolescents Served

	BABIES AGE RANGE	BABIES AVERAGE AGE
Portsmouth	0- 40 wks.	11.4 wks.
Keene	2-104 wks.	40.8 wks.
Lebanon	6- 40 wks.	20.4 wks.
	0-104 wks.	23.1 wks.

Tables 5 and 6 describe the age of the target adolescents and their babies. It is interesting to note that this group had significantly younger babies in the Portsmouth program, the only health agency based program and the only program that had direct access to delivering mothers at the local hospital. This factor may have some bearing on the babies' age variance shown in Table 6.

Table 7

Adolescents' Living Arrangements

	Number Served	# Living with parents	% total	Living with spouse	% total	Living with boyfriend	% total	Living alone	% total	Other	% total
Married	10	1*		10							
Unmarried	28	12				8		5		3	
Total	38	13	34	10	26	8	21	5	13	3	8

*Living with spouse in parent's home

Table 7 reports the living situations for the adolescent parents and their babies. (All of the parents lived with their babies.) Ten, or approximately one-quarter, of the female participants were married and living with their husbands. Of the unmarried mothers, approximately 40% lived with their parents, 20% with a boyfriend, 15% lived alone (with their baby), and fewer than 10% had unspecified or other living arrangements.

Table 8

Profile of Adolescents Served

	Number Served	Unmarried		Married		High School						Number Employed
						Completed		Enrolled		Not Enrolled		
		#	%	#	%	#	%	#	%	#	%	
Portsmouth	16	12	75%	4	25%	5	31%	3	19%	8	50%	0
Keene	12	8	66%	4	33%	2	17%	3	25%	7	58%	1 1/2 time
Lebanon	10	8	80%	2	20%	3	30%	2	20%	5	50%	0
Total/ Average	38	28	74%	10	26%	10	26%	8	21%	20	53%	1

The program's adolescents are largely unmarried and not attending school. However, Table 8 indicates that 26% had already completed high school when they enrolled in the parenting session. Of the participants who had not finished high school, more than twice as many were out of school than were in school. Only one participant was employed although most of the husbands of married participants were thought to be employed. (Information about husbands' employment was not collected.)

Table 9
Adolescents' Reports of Sources of Financial Support

Source	Primary	Supplemental
AFDC	18	4
Husband	9	
Parents/family	4	5
Food stamps	3	
WIC	1	3
Self	1	
Baby's Father	1	1
Boyfriend	1	2
Friends		2
Town		1
In-laws		1
Baby's Grandmother		1
None		18

Table 10
Adolescents' Reports of Sources of Help with Baby

Mother	8
Friend	6
No one	6
Husband	5
Baby's Father	3
Boyfriend	3
Brother/Sister	3
Parents	2
Fiance	1
Grandmother	1

Tables 9 and 10 depict the adolescent parents' support system. Financial support was reported as either "primary" or "supplemental." AFDC was the most often utilized primary source of financial support. AFDC was used as a primary source by approximately 55% of the adolescents and as a supplemental source by another 9%; or 64% of the participants received AFDC. Parents, husbands, and family were also frequently reported as sources of both primary and supplemental support. Only 1 participant reported self-support. Food stamps, WIC, and town funds were reported although less frequently than might be predicted given the number of AFDC recipients.

In summary, the programs served what the literature has termed the "at risk" population. The majority of participants were young, unmarried, out of school, unemployed, living with an infant, and/or collecting AFDC. Most participants remained close to a support system such as parents, husband, boyfriend, or other friends or family.

Chapter II

Program Impacts

This chapter summarizes some of the impacts of the adolescent parenting project on two areas: the adolescent participants and the three community service systems for adolescent parents. There are no doubt many "effects" that were to some extent caused or influenced by the three projects. The few impacts that are discussed in this chapter were in areas that were designated as key to the success of the projects. The chapter is divided into three parts: impacts on participants, impacts on community systems, and other impacts/data.

Impacts on Participants

Some of the adolescent parents who participated in the projects are the sample used in this evaluation. Not all of the 38 adolescents who participated completed pre and post evaluation instruments that could be used for analysis. Unfortunately, many of the adolescent participants took either pre or posttests and/or did not properly complete all of the items on both pre and post measures. (The several older participants who were in the program were not used in this study because they were not in the target adolescent group.) Although the evaluation plan was designed to collect data from all participants, the data reported herein is from a non-random sample of the adolescent participants.

Evaluation Question #1: *To what extent do program participants have knowledge of community services, resources, and support systems?*

Generally, the adolescent parents were aware of the community systems that work to help teen parents. Table 11 depicts adolescent's scores on

the Community Resource Questionnaire pretest. Teens entered the program with a good grounding in the community services available to them. While posttest data was taken, it was too incomplete for analysis. However, in a cursory analysis of the posttests, all item scores went up and almost all total raw scores were 9 or 10.

Table 11

Knowledge of Community Resources

	N	Average Pretest Score[1]
Portsmouth	16	8.4
Keene	12	8.6
Lebanon	10	8.0
Total	38	8.4

[1] Highest possible score = 10

It is interesting to note that of the small numbers of incorrect responses, over 50% of the errors were made when the correct response was VNA/well child clinic, Catholic Social Services, or Legal Aid. Some agencies were known to everyone (e.g., WIC); and others were well recognized (e.g., CAP). Table 12 gives an analysis of the incorrect responses on the Community Resource Questionnaire.

Table 12

Community Agencies Not Correctly Identified

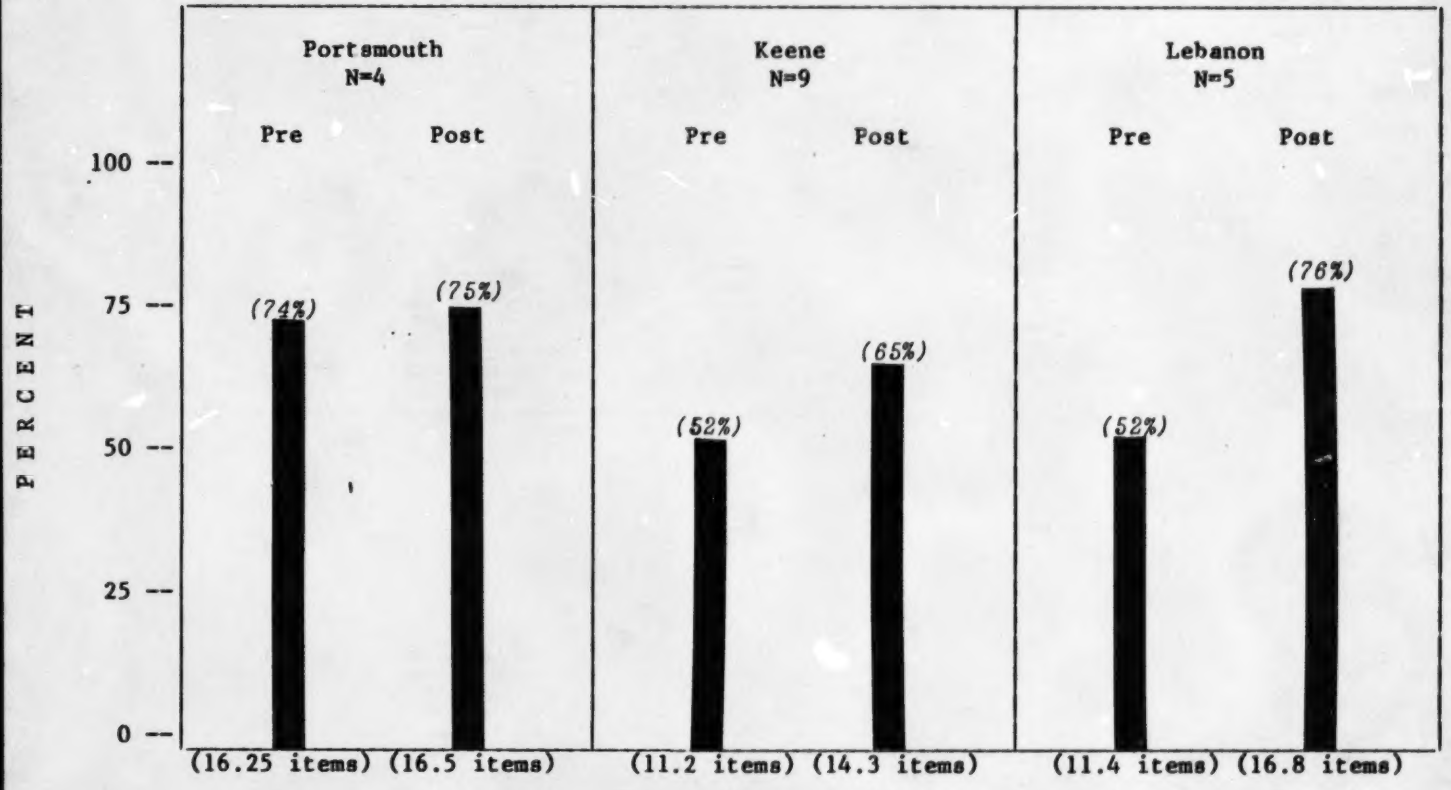
	# of Incidences
VNA/Well Child Clinic	13
Catholic Social Services	11
Legal Aid	9
Cooperative Extension	7
Rehabilitation Center	7
Mental Health Clinics	6
Project Listen	3
Family Planning	2
Adult Tutorial	2
Parents Anonymous	2
Community Action Program	1
Total	63

Evaluation Question #4: *To what extent do participants show self-growth?*

There is evidence of a weak self-growth trend among participants. The adolescents showed gains in "locus of control." That is, the teens reported more internal (self) control at the end of the project. The Locus of Control measure used in this evaluation had 22 items that could be rated as either internal or external when responses were analyzed. Scores ranged from 1 - 21 internally controlled responses. Figure 1 depicts the slight gains shown by participants.

Figure 1

Average Percent of Internally Controlled Items



However, the teens did not exhibit any marked "deprivation" in the area of control over their lives at the onset of the parenting sessions. Teens, on the average, started the program with a strong sense of control and subsequently gained even more. Teens in Keene and Lebanon started the program with the same attitudes about Locus of Control; and Portsmouth teens started substantially higher. Lebanon teens reduced this initial attitude difference and showed marked change, scoring approximately the same as their Portsmouth counterparts on the posttests.

Evaluation Question #5a: *To what extent do participants change in their knowledge of child growth and development?*

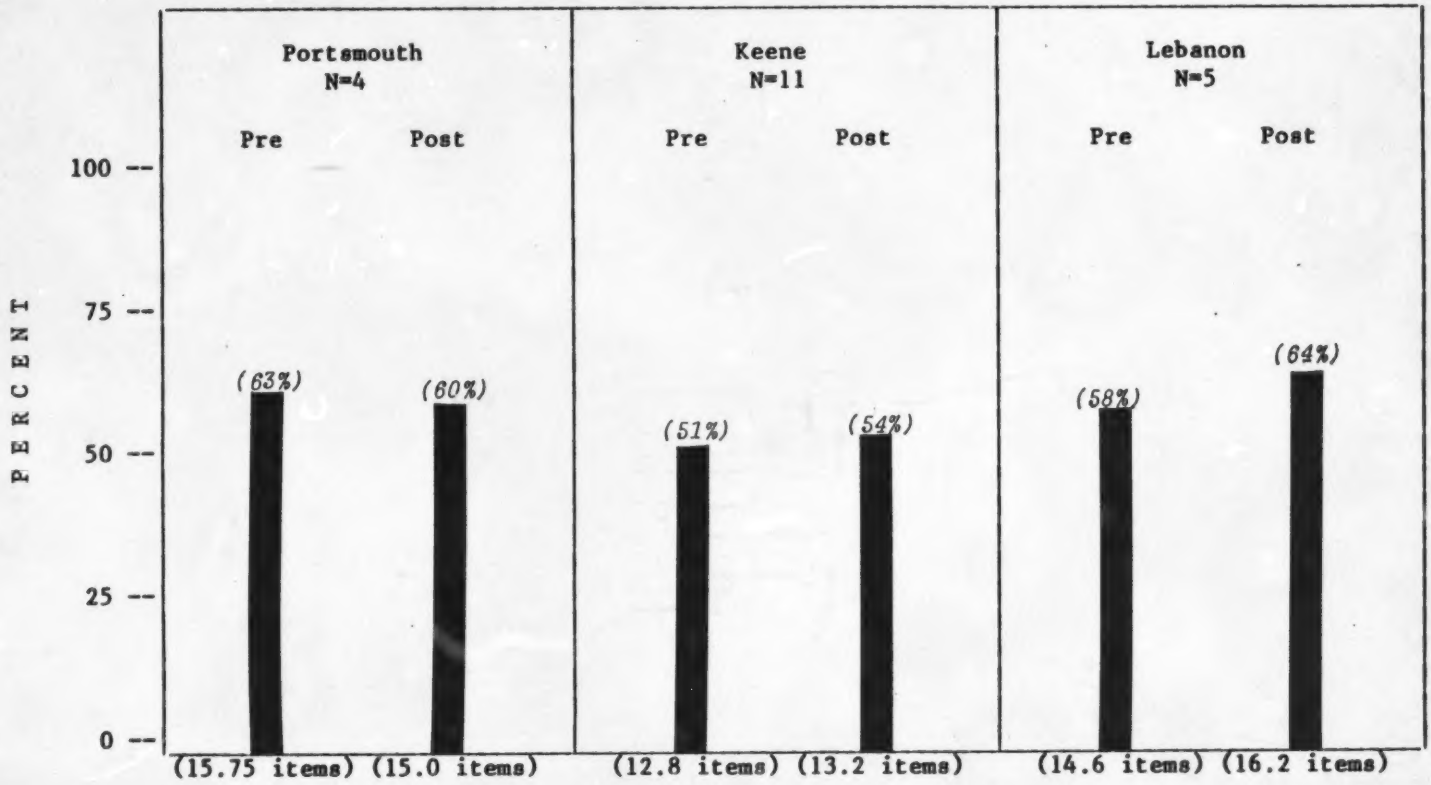
Evaluation Question #5b: *To what extent do participants change in their attitudes about parenting?*

The adolescents showed only slight changes in their attitudes about parenting and knowledge of child growth and development. Most of the slight changes that we detected were for the better, yet some were not. Participants were given the revised Maternal Attitude Scale, a measure that includes 25 statements about children. The statements when rated by participants are indicators of knowledge and attitudes about child growth and development and parenting. The ratings are interpreted on a 4-point scale, from "most rigid" to "most adaptive." The ideal is many ratings in the most adaptive area, showing flexibility and an understanding of children and the parenting role.

Figure 2 displays the teens' change in the percent of items that were rated as adaptive. One would hope to see an increase in this percent from pretest to posttest. Teens in Lebanon and Keene started the program with just over one-half of the items in the adaptive category

Figure 2

Average Percent of Adaptive Items



and increased their scores by the end of the program. Portsmouth adolescents' scores started out higher than the other two groups, decreased slightly, but still remained over 50% adaptive by the end of the class sessions.

Perhaps of greatest concern when working with "at risk" parents and babies is the "most rigid" category of responses. Rigid parenting attitudes often go hand-in-hand with child abuse and neglect and are thus of particular interest in this evaluation. Figure 3 depicts the average percent of items that were most rigid. In all programs, teens had fewer than one-quarter of the items in this potentially serious category. Changes were very slight from pre to posttest and only one program had a decrease in the participants' responses in this category.

Overall we should note that teens responses indicate that they are much more adaptive parents than not.

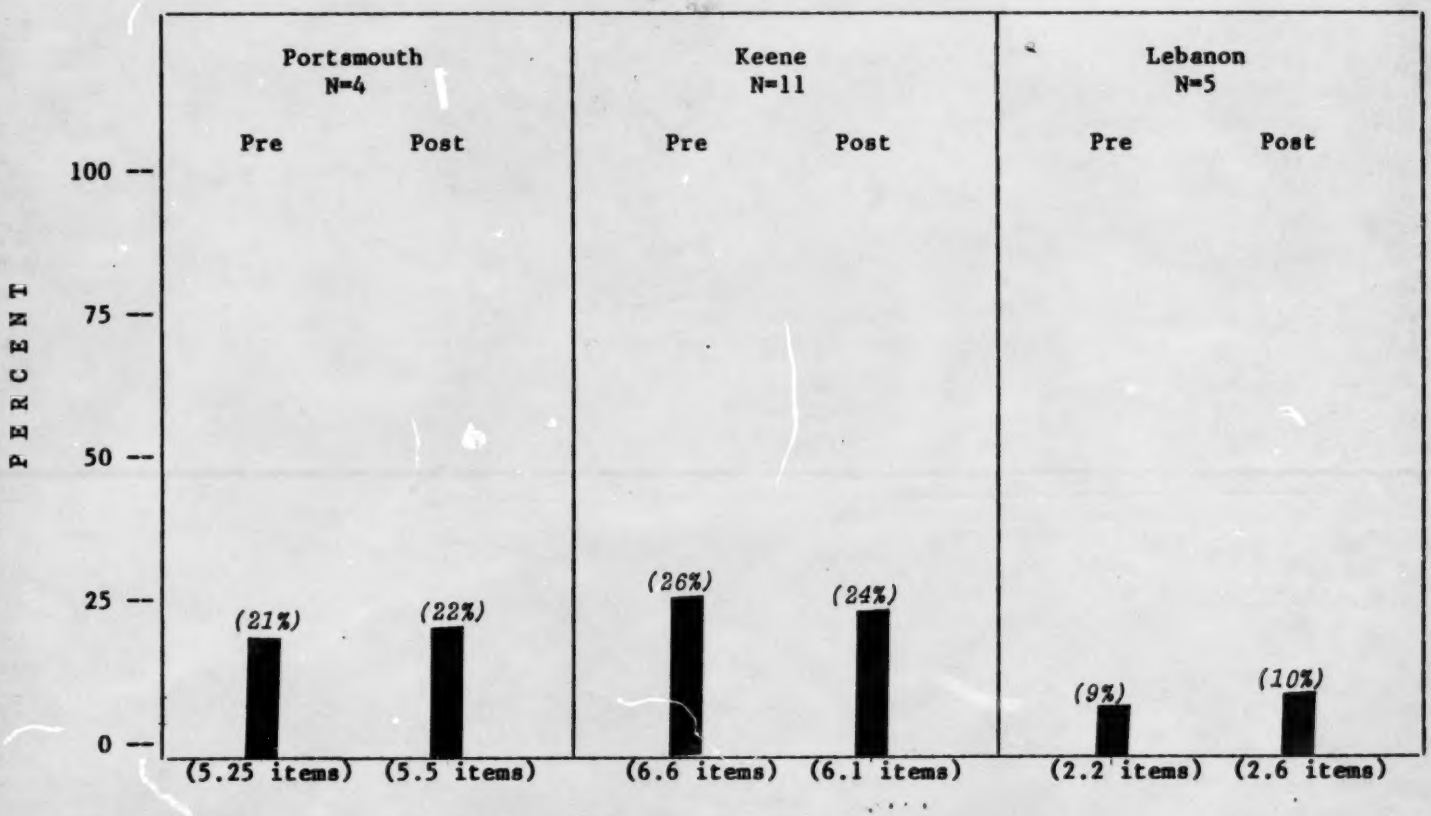
Impacts on Community Systems

A sample of human service and other agency staff from each of three communities were asked to comment about their impressions of the model projects and the impact that the projects had on support systems for pregnant and parenting teens. Telephone interviews of the sample were conducted during September, 1981 by a member of the CCYP staff. Representatives of the following agencies were contacted:

Portsmouth - Catholic Social Services
Community Day Care Center
Family Planning
N.H. Division of Welfare
Portsmouth High School

Figure 3

Average Percent of Most Rigid Items



Keene - Catholic Social Services
Family Planning
Keene High School
N.H. Division of Welfare

Lebanon - Planned Parenthood
Area Health Council
WIC
West Central Community Counseling
N.H. Division of Welfare
Lebanon High School

Evaluation Question #2: *To what extent do existing community agencies share resources for this program?*

Evaluation Question #3: *To what extent do other community service providers know the needs of teen parents?*

It appears that community agencies shared many resources to implement the adolescent parenting programs. (Chapter I describes the types of resources that were shared in some detail.) It is also apparent that all of the communities wholeheartedly supported the parenting projects regardless of the type of agency that sponsored the program or the successes or difficulties in recruiting teens. Without exception, communities felt there was a need for these programs and each model project met the need.

Some small changes in community attitudes about teen parents and agency roles toward the group were reported. Several respondents from across the three sites reported that the models had improved communication across agencies through their advisory meetings. Seeking funds and initiating a working referral system facilitated linkages among some agencies that had either communicated very little or not at all. Agency staff reported that their roles in the lives of teen parents had changed only to the extent that there was now a new resource to add to their

contacts. There was general agreement that agency roles did not shift as the projects were implemented. One respondent reported that the projects' publicity and outreach served to indirectly raise community consciousness about the needs of pregnant adolescents. Another respondent worried aloud that the publicity increased the awareness of the need but did not elicit any concurrent long term funding or commitment to the projects beyond CCYP funding.

This evaluation gathered only scant information to answer Evaluation Question #3. There is evidence that community agency staff see a need for parenting education among teens. Many agency staff also said that the parenting program should reach out to teens by including social experiences, transportation, convenient and pleasant meeting places in a home-like setting, "nurturant" staff and instructors, group experiences, and personal growth and avocation curriculum such as hairstyling, crafts, communication skills, or sewing. These comments can be judged as indicators of a sensitivity to teens and their needs. There is little known as to whether or how each project changed or fostered these attitudes or sensitivities to teen parents' needs.

Other Data

The interviews with community staff and project interim and final reports provide a wealth of comments and evaluative statements that are of note. Many of the remarks overlap across objectives and evaluation questions, capturing more general program impacts. Some of these general insights are included here.

- Recruiting and maintaining teens in the program improved in direct correlation with the amount of transportation and personalized outreach provided.

- Linkages with the NH Division of Welfare were weak in all three communities; private agency linkages were strong and productive.

- Schools are supportive of the programs.

- Schools should continue these or other similar responsive programs for teens and their babies as the school reaches more and perhaps different teen parents.

- Teens respond differently to the programs in part because of diversity in their parenting skills and experiences. This factor should be addressed when planning a personalized program that is addressing teen self-development.

- Cooperation with physicians was either non-existent or disappointing in all three communities.

- Television is a medium that was not but should have been utilized. Teens enjoy TV and teen parents are heavy TV consumers, particularly during daytime hours.

- Day care linkages should be more actively pursued to
  1) give teen parents an adult-child role model and
  2) initiate teens into child development and care that is outside of the home and conducted by supervised and trained adults.

Chapter III

Recommendations

This chapter discusses a short list of recommendations. The chapter is intended to be a starting point for discussion of future plans for adolescent parenting education programs and policy. The chapter is included in this report under the general assumption that a) the need for adolescent parenting education still exists and b) doing something to meet the need is a worthwhile endeavor. That is, the following recommendations are targeted at program planners who are involved in designing effective programs to foster parenting skills in teen parents.

1. Maintaining attendance at group sessions requires aggressive staff outreach or other systematic efforts. This evaluation stumbled over the problem of spotty attendance and dropouts. (The issue is of course more than just an evaluation problem.) The most successful techniques for getting teens to come to sessions were:

    - transportation for all teens at no cost and for every meeting
    - friends bringing and recruiting friends
    - on staff outreach worker who was young and nurturant
    - night or later afternoon sessions

2. Nurturant class environment, personalized outreach, and opportunities for social interaction are critical to the success of a group parenting education approach with teens. Class content, although of pedagogical importance, seemed less critical to teens.

The messages conveyed to teens by the environment (e.g., staff, meeting place, peers) seemed to have a greater impact on attendance than the topic for the class.

3. Some curriculum was better received than others. (See individual project reports for details.) Films and filmstrips were popular. Handouts and group participation exercises were well received. Adult topics (e.g., "relationships") were most popular.

4. Child care, apart from the class meeting area, is necessary for at least a portion of the sessions. The group of infants was often very distracting. Infant/mother sessions are recommended only when the class content specifically addresses the interaction of the two. For example, sessions on "play," "child behavior and management," or "feeding" may not require mothers (fathers) to be apart from their infants.

5. Referrals and assistance from both within an agency and from other agencies is critical. Teens can be elusive for the agency who is recruiting without a referring network. Teens do not enroll in the program <u>unless</u> they are recruited or referred and then personally contacted. This "one-on-one" approach is exhausting for staff. We suggest that either more than one staff person be involved or, at a minimum, that other staff or volunteers within the sponsoring agency be assigned to assist. There is a certain element of "crisis intervention" that accompanies the staff roles in this type of project. This should be anticipated and factored in to staffing needs.

6. Rewards, such as free used infant clothes, were well received. Snacks, "make it-take it" food and toys, and infant car seat loans were other tangible benefits that seemed to motivate teens.

7. Short term projects yield only limited measurable short term effects. However, this evaluation records some slight trends from the beginning to the end of the short program periods. The paper/pencil evaluation measures were also intrusive and difficult for some teens regardless of the careful evaluation planning. What are the longer term impacts? What do teen mothers and fathers actually do with their children at home? Would home visits be a better approach than group sessions? Perhaps a teen parent education program should be a home-based effort or in-school. These are issues that need to be addressed as a next step to this evaluation and these three projects.

Appendix A:

Evaluation Instruments

THIS INFORMATION IS CONFIDENTIAL
AND ANONYMOUS

Code _____

Please complete this form carefully. This information will help us in planning projects like this in the future and is for our planning purposes only.

My Age _____

Highest Grade Completed in School _____

Age(s) of Your Children: 1. _____

2. _____

3. _____

Circle (YES) or (NO) for the following items.

1. I need someone to provide transportation for me to this class. YES NO

2. I am currently married. YES NO

3. My baby lives with me. YES NO

4. I am currently employed. YES NO

If yes, answer the next 2 questions

4a. How many hours a week do you work? _____

4b. Do you use child care outside of your home? YES _____ NO _____

5. I am currently in school. YES NO

If yes, check the best descriptions of your school program. You may check more than one.

Regular program, all day _____

Regular program, part day _____

Special program for teen parents, all day _____

Special program for teen parents, part day _____

G.E.D. classes _____

6. I attended child birth classes before my baby was born. YES NO

If yes, what agency taught the class? _____

_____

_____

Fill in the blanks for the following items.

7. Most of my financial support comes from _____

8. I also get some financial support from _____

9. The person who helps me care for my baby most is _____

_____

_____

Please check all of the following that describe your home.

10. I live with

my parents _____

my brother and/or sister _____

other relatives (not brother, sister, or parents) _____

girlfriend _____

boyfriend _____

husband (wife) _____

alone (with or without my baby) _____

COMMUNITY RESOURCES QUESTIONNAIRE (Keene)

Name: _____ Date: _____

Circle the correct answer:

1. You have decided you want to wait awhile to have another baby. One place you could go for help would be:

   a) WIC
   b) Monadnock Family & Mental Health Service
   c) Family Planning

2. You are concerned because your friend's six month old baby never laughs or plays with his toys. You might suggest that she visit:

   a) Children's Center
   b) Family Planning
   c) Welare

3. In order to get help buying milk and dairy products for your baby, you could go to:

   a) Children's Center
   b) Family Planning
   c) WIC

4. You are thinking about returning to school. One place where you could get some information about this would be:

   a) Adult Tutorial Program
   b) Parents Anonymous
   c) Juvenile Conference Committee

5. You wonder if you are feeding your child nutritious food. A place to check would be:

   a) Cooperative Extension Service
   b) Monadnock Family & Mental Health Service
   c) Catholic Social Services

6. Your baby seems to be getting a lot of colds and fevers. Someone you might talk to about this would be:

   a) VNA
   b) Keene High School
   c) Catholic Social Services

7. You are having some trouble figuring out a budget. One place that could give you some help with this is:

   a) Cooperative Extension Service
   b) Keene Clinic
   c) VNA

(over)

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8. Your friend's landlord has told her she has to move even though her lease has three months to go. A place to suggest that she call for help would be:

   a) N.H. Legal Assistance
   b) Big Brother/Big Sister
   c) Vocational Rehabilitation

9. Your friend tells you that she and her husband fight all the time and she doesn't know what to do about it. One place you might suggest she go for help is:

   a) Catholic Social Services
   b) Cooperative Extension Service
   c) WIC

10. You're not sure what "shots" your baby should be getting. One place to check into this would be:

   a) Monadnock Family & Mental Health Services
   b) VNA
   c) Children's Center

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Protocol

Phone Survey-Community Agencies
Adolescent Parent Education Projects

1. Does your agency share resources (e.g., staff time, financial assistance, facilities or space) to assist the agency that sponsors the adolescent parenting project in conducting this project? (If yes, what resources?)

2. Has the adolescent parenting project referred teen parents to your agency? Has this increased your number of clients?

3. Does your agency send representatives to planning meetings about the adolescent parenting project? (If yes, how has your agency affected the project?)

   Probes: Who was sent? How selected?

4. Is the adolescent parenting project a service that is meeting the adolescent parents' need for assistance in parenting?

   Probes: Which needs has the project most successfully met?
   Which needs remain unmet?
   How could or should those needs be addressed?

5. Has the adolescent parenting project changed your agency's role(s) in the lives of teen parents? If yes, please explain how; if no, why not?

   Probes: What do you do differently now than a year ago?
   Has the project brought about any change?

6. Can you suggest any alternative ways of providing parenting education to teen parents in your community?

   Probes: How would the alternative specifically differ from the project?
   How would it be more effective?
   How would the alternative supplement, not supplant currently available services?

7. Do you think this adolescent parenting project will continue? If yes, how might it change in the future?

   Probe: If not, why not?

Code _____

Date _____

Questionnaire for Mothers

The following statements are matters of interest and concern for mothers. Not all mothers feel the same way about them. Read each statement and circle the number next to each statement that most closely reflects YOUR feelings.

	I agree	I slightly agree	I slightly disagree	I disagree
1. It is upsetting to a mother when a baby leaves half the formula in the bottle.	1	2	3	4
2. A child should be weaned as early as possible, even though he (she) may protest somewhat.	1	2	3	4
3. Babies are frequently so demanding that their mothers have no time for anything else.	1	2	3	4
4. It is never too early to start teaching a child to obey commands.	1	2	3	4
5. A mother should never back down once she has told her child not to do something.	1	2	3	4
6. Although a 3-year-old boy may find it hard to ask, he needs as much tenderness as a girl of the same age.	1	2	3	4
7. When babies are messy or crying, they are angry at their mother.	1	2	3	4
8. A child never gets angry with his (her) mother.	1	2	3	4
9. The more permissive a mother is, the better it is for her baby.	1	2	3	4
10. The earlier the child is put on the potty, the easier it is to toilet train him (her).	1	2	3	4
11. The child who is always quiet and peaceful is the best kind of child to have.	1	2	3	4
12. If 3 year olds have toys that can be taken apart, they are likely to think they can do the same with valuable things in the house.	1	2	3	4

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	I agree	I slightly agree	I slightly disagree	I disagree
13. If a baby seldom smiles or coos, it's because his (her) mother doesn't play with him (her) enough.	1	2	3	4
14. Feeding at the breast is more satisfying for a child than feeding from a bottle.	1	2	3	4
15. Most of the time a one year old hates to let his (her) mother out of his (her) sight.	1	2	3	4
16. A mother just naturally knows when to pick up a crying baby.	1	2	3	4
17. It is a terribly frustrating task to care for a newborn infant, because he (she) can't let you know what he (she) needs.	1	2	3	4
18. Babies wish that their mothers would stop fussing over them too much.	1	2	3	4
19. Taking care of a baby is much more work than pleasure.	1	2	3	4
20. An infant (3 months old) can't really tell you what he (she) is thinking by a smile.	1	2	3	4
21. Most ten-month-old babies are too young to enjoy being with other babies of the same age.	1	2	3	4
22. A child is only as curious about the world as his (her) parents encourage him (her) to be.	1	2	3	4
23. The ability to be a good mother is something you either are born with or not born with.	1	2	3	4
24. When a child doesn't like certain foods, his (her) mother should stop feeding them to him (her).	1	2	3	4
25. Fathers are better than mothers at raising boys.	1	2	3	4

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Code _____

Date _____

What Do You Think?

The following questions are matters that some people feel very differently about at different times. Read each question and circle either YES or NO to show what you think is true for you, right now.

1.	Do you believe that most problems will solve themselves if you just don't fool with them?	YES	NO
2.	Are some kids just born lucky?	YES	NO
3.	Are you often blamed for things that just aren't your fault?	YES	NO
4.	Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway?	YES	NO
5.	Do you feel that most of the time parents listen to what their children have to say?	YES	NO
6.	When you get punished does it usually seem it's for no good reason at all?	YES	NO
7.	Most of the time do you find it hard to change a friend's (mind) opinion?	YES	NO
8.	Do you feel that it's nearly impossible to change your parent's mind about anything?	YES	NO
9.	Do you feel that when you do something wrong there's very little you can do to make it right?	YES	NO
10.	Do you believe that most kids are just born good at sports?	YES	NO
11.	Do you feel that one of the best ways to handle most problems is just not to think about them?	YES	NO

12. Do you feel that when a kid your age decides to hit you, there's little you can do to stop him or her? YES NO

13. Have you felt that when people were mean to you it was usually for no reason at all? YES NO

14. Most of the time, do you feel that you can change what might happen tomorrow by what you do today? YES NO

15. Do you believe that when bad things are going to happen they just are going to happen no matter what you try to do to stop them? YES NO

16. Most of the time do you find it useless to try to get your own way at home? YES NO

17. Do you feel that when somebody your age wants to be your enemy there's little you can do to change matters? YES NO

18. Do you usually feel that you have little to say about what you get to eat at home? YES NO

19. Do you feel that when someone doesn't like you there's little you can do about it? YES NO

20. Do you usually feel that it's almost useless to try in school because most other children are just plain smarter than you are? YES NO

21. Are you the kind of person who believes that planning ahead makes things turn out better? YES NO

22. Most of the time, do you feel that you have little to say about what your family decides to do? YES NO

Scoring Key

Code _____

Date _____

What Do You Think?

The following questions are matters that some people feel very differently about at different times. Read each question and circle either YES or NO to show what you think is true for you, right now.

1. Do you believe that most problems will solve themselves if you just don't fool with them? (YES) NO
2. Are some kids just born lucky? (YES) NO
3. Are you often blamed for things that just aren't your fault? (YES) NO
4. Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway? (YES) NO
5. Do you feel that most of the time parents listen to what their children have to say? YES (NO)
6. When you get punished does it usually seem it's for no good reason at all? (YES) NO
7. Most of the time do you find it hard to change a friend's (mind) opinion? (YES) NO
8. Do you feel that it's nearly impossible to change your parent's mind about anything? (YES) NO
9. Do you feel that when you do something wrong there's very little you can do to make it right? (YES) NO
10. Do you believe that most kids are just born good at sports? (YES) NO
11. Do you feel that one of the best ways to handle most problems is just not to think about them? (YES) NO

12. Do you feel that when a kid your age decides to hit you, there's little you can do to stop him or her? (YES) NO

13. Have you felt that when people were mean to you it was usually for no reason at all? (YES) NO

14. Most of the time, do you feel that you can change what might happen tomorrow by what you do today? YES (NO)

15. Do you believe that when bad things are going to happen they just are going to happen no matter what you try to do to stop them? (YES) NO

16. Most of the time do you find it useless to try to get your own way at home? (YES) NO

17. Do you feel that when somebody your age wants to be your enemy there's little you can do to change matters? (YES) NO

18. Do you usually feel that you have little to say about what you get to eat at home? (YES) NO

19. Do you feel that when someone doesn't like you there's little you can do about it? (YES) NO

20. Do you usually feel that it's almost useless to try in school because most other children are just plain smarter than you are? (YES) NO

21. Are you the kind of person who believes that planning ahead makes things turn out better? YES (NO)

22. Most of the time, do you feel that you have little to say about what your family decides to do? (YES) NO

Appendix B:

Interim and Final Report Formats

Interim Report

Adolescent Parenting Projects

Please complete this report and return to Suzanne Federer by June 1, 1981.

1. As of (date),

   A. Number of teens enrolled in past and present classes _____

   B. Number of teens contacted by project _____

   C. Number of enrolled teens who were referred by other agencies _____

2. Write each of your project's objectives (from the contract), and check any of the descriptors that apply to each.

Objective	Met to my satisfaction	Not yet met, in progress,	Not yet met, nor addressed	There are problems meeting this objective
1.				
2.				
3.				
4.				
(etc.)				

3. Describe 3 specific aspects (e.g., events, processes, activities) of your project that have been particularly successful. Give a short explanation for why the dimension has been successful.

4. Describe 3 specific aspects (e.g., events, processes, activities) of your project that should be changed, improved, removed, or refined. Give a short explanation for why you feel the way you do about each and what you plan to do about each.

5. List community agencies that are potential candidates for involvement in your project and check <u>all</u> of the descriptors that apply to each.

Agency	Refers teens to project	We refer teens to agency	Provides resources	Attends meetings	Invited to participate	Is not presently participating

6. Thinking of the project, to what extent are the following statements characteristic of your project? Please circle the one number in each row that best describes the situation.

	Never	Almost Never	Occa-sionally	Fre-quently	Almost Always	Always
1. We anticipate problems before they occur.	0	1	2	3	4	5
2. We plan far enough in advance for our activities.	0	1	2	3	4	5
3. Staff communication is constructive.	0	1	2	3	4	5
4. Our classes attract the number of teen parents we hoped to enroll.	0	1	2	3	4	5
5. Teen parents are satisfied with the class sessions.	0	1	2	3	4	5
6. We receive the support we need for our project within our agency.	0	1	2	3	4	5
7. We receive the support we need for our project from other participating agencies.	0	1	2	3	4	5

	Never	Almost Never	Occa-sionally	Fre-quently	Almost Always	Always
14. Teen parents grasp most of the concepts that are presented in the class session.	0	1	2	3	4	5
15. Teen parents share parenting knowledge/experience with each other during sessions.	0	1	2	3	4	5
16. Teen parents raise questions about parenting skills and child development.	0	1	2	3	4	5

7. Select any of the above statements that are rated 0 to 1. Describe what you plan to do to improve each area.

8. Thinking about any problems that you have described above and your plans for the final months of the project, do you need technical assistance in one or more areas?

Yes _____ No _____

If yes, please describe.

9. Please attach curriculum outline (i.e., content and topics covered) that you used in the first series of classes. Note any changes that you plan to make.

Final Report Format

Adolescent Parenting Projects

The purpose of this report is to provide a description of the adolescent parenting project in your community. Each section of this report highlights important components of your "model." It is the intent of the Comprehensive Children and Youth Project to use your final report as a description that could be circulated among agencies or individuals who are seeking information about how to institute a similar program in another community and for reporting to the Department of Health and Human Services in Washington as well as other interested groups.

Please keep your description as brief as possible and still provide all the information requested. You are asked to attach detailed plans, brochures, and any other supporting materials that further describe your project for the interested reader who wishes to go beyond the basic information included herein.

Please complete your final report in this format and submit to the Comprehensive Children and Youth Project by October 15, 1981.

PURPOSE AND GOALS

1) The _____(name)_____ Adolescent Parenting Project is a program for _____(target group)_____.

2) The major purpose of the project is to _____.

3) To serve this purpose, our project has been focused on meeting the following goals:

   1.

   2.

   3.

   (etc.)

4) As of (date),

A. Number of teen parents enrolled in class sessions _____

B. Number of teen parents contacted by project _____

C. Number of teen parents referred to the project by other agencies _____

OPERATIONS

5) To achieve the goals, we have developed an organization that relies on several key components. (Please describe each.)

A. Advisory Board (or Planning Committee, etc.)

B. Staff Role and Characteristics

C. Sources of Financial Assistance

D. Inter-agency Cooperation

E. Client Referral System

F. Other

6) We have developed practices that are essential to achieving the project goals. (Please describe each.)

A. Class Scheduling and Location(s)

B. Intake Procedure

C. Public Awareness Activities

D. Class Content

E. Some Important Materials and Resources

F. Instructional Techniques (e.g., lecture, small groups, visiting "expert" teachers)

G. On-Going Support Activities (e.g., grandparent groups, follow-up counseling)

H. Transportation

I. Other

SUCCESSES AND PROBLEMS

7) Our community may be particularly supportive of this type of program in our community. Some factors that have hindered our project's impact and ability to meet our goals are: (Please state and briefly describe.)

8) We have also experienced some difficulties in developing this program in our community. Some factors that have hindered our project's impact and ability to meet our goals are: (Please state and briefly describe.)

9) Given an opportunity to start this project again, we would want to do some things differently. (Please specify.)

FUTURE PLANS

10) Is the Adolescent Parenting project going to continue in your community?

Yes _____ No _____

(If yes, how will it be supported?; If no, what were the deciding factors?)